



UNIONE PEDEMONTANA PARMENSE

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CITY TAX – PAYMENT REFUSAL FORM

(to be filled in by guests)

I, THE UNDERSIGNED (Name and Last name) _____

BORN IN _____ ON ____ / ____ / ____

ADDRESS _____ CITY _____ ZIP _____ STATE _____

TELEPHONE N° _____ MOBILE PHONE N° _____

E-MAIL _____

PASSPORT/I.D.CARD N° _____ DATE OF DELIVERY _____

HEREBY DECLARES

staying from _____ to _____ at the hotel/accommodation facility _____
_____ in _____

and refusing to pay the City tax for the following reason _____

_____ for a total amount of € _____

I DECLARE OF BEING FULLY AWARE THAT ITALIAN LAW CONTEMPLATES LEGAL SANCTIONS FOR BOTH TAX AVOIDANCE AND FALSE AND MISLEADING STATEMENTS (D.P.R. 445/2000).

I ALSO DECLARE OF BEING INFORMED ABOUT THE PRIVACY POLICY ACCORDING TO THE ITALIAN LAW (LEG.DECREE. NO.196/2003), AND I GIVE MY CONSENT TO THE TREATMENT OF MY PERSONAL DATA ONLY FOR THE UNDERSIGNED PURPOSES.

In attachment, a copy of a valid identity document (Passport or ID Card)

Date _____

Signature _____